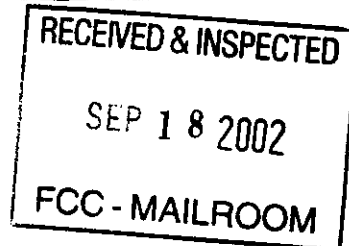




1028 Southwest 128th • Seattle, Washington 98146
(206) 244-4934 • Fax: (206) 244-4943
email: admin@stbernadettesea.org



August 15, 2002

To Whom It May Concern:

I am writing this letter to appeal the decision (CC Docket Nos. 96-45 and 97-21) that was stated in the Administrator's Decision on Appeal letter for St. Bernadette School's (Entity # 115235) 471 form (Form # 326098) for funding year 5 (7/1/2002-6/30/2003).

USAC denied all of the requests for funding because "The Form 417 application was signed and/or submitted prior to the expiration of the 28-day waiting period from the day of the posting of the Form 470 to the SLD web site." This reason applies to the Funding Request Numbers:

873361—AT&T Corp

873362—Sprint Spectrum LP/Phillieco L


873363—Qwest Corporation fka US West Co. (telecommunications)

873364—Qwest Corporation fka US West Co. (Internet access)

Qwest has been St. Bernadette School's telecommunications provider for several years now. We have been very happy with the quality of the service we receive. Therefore, the 28-day waiting period (during which we are supposed to solicit alternative bids for service) was not forefront in my mind when I submitted our 471 form (dated Nov. 30, 2001).

During correspondence with the SLD, I received an email from Lindsey Collier (please see attached) on Feb. 25, 2002. She noticed some discrepancies on the 471 Form and needed me to fix them and fax back the changes. At no time during our correspondence did Ms. Collier point out that the 471 Form had violated the 28-day waiting period, so I figured that all was well once I faxed her the changes.

Please consider this appeal and if you have any questions, please do not hesitate to call or email Lorie Whitaker.


Sr. Marie Colarossi
Principal

No. of Copies rec'd
List ABCDE

0


Lorie Whitaker
Technology Specialist
stbrndtt@qwest.net

Subject: Form 471 Identifier <Year5-471> Case Number 115146

Date: Monday, February 25, 2002 12:57 PM

From: Collier, Lindsay <CollLi@ncs.com>

To: "'stbrndtt@qwest.net'" <stbrndtt@qwest.net>

Ms. Whitaker,

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

In Block 5, Page 2: Item 13 is blank. Please determine the correct Service Provider Identification Number (SPIN) for Sprint PCS.

In Block 5, all 4 pages: Item 17 (Allowable Vendor Selection/Contract Date) is listed as "N/A." Our system shows that your AVS/C Date is actually 12/12/2001. You can verify this by searching for your posted Form 470 on the SLD website. Please review your form, and fax the corrected pages to my attention at (888) 276-8736. Your case number is 115146.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,
Lindsey Collier
Client Service Bureau/Problem Resolution
Schools and Libraries Division
Phone(888) 203-8100
Fax (888)276-8736
sldproblemresolution@ncs.com

ATTN: Lindsey Collier

2/26/02

Ms. Collier,

Here are the fixed sheets for our 471 (yr 5) form. If you have any other questions or concerns, please don't hesitate to contact me.

Lone Whitaker
206-244-4934
St. Bernadette School
Entity #: 115235

Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)

Applicant's Form Identifier: Year 5-471
(Create your own code to identify THIS Form 471)

Form 471 Application #: _____
(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

- 1 Name of Billed Entity (30 characters max.) St. Bernadette School
- 2 Funding Year: July 1, 02 through June 30, 03 3 Entity Number (up to 10 digits) 115235
- 4a Street Address, P.O. Box, 1028 SW 128th Street
or Route Number _____
- City Seattle State WA Zip Code 98146 - - - -
- b Telephone Number (10 digits + ext.) (206) 244-4934 ext. _____
- c Fax Number (10 digits) (206) 244-4943
- d E-mail Address (50 characters max.) stbrndtt@qwest.net
- 5 Type of Application ☒ School (public or non-public school)
☐ School District (LEA: public or non-public (e.g., diocesan) local district representing multiple schools)
☐ Library (library (i.e. outlet/branch, system))
☐ Consortium ☐ Check here if any members of this consortium are ineligible non-governmental entities.

6a Contact Person's Name Lorie Whitaker

First, fill in **every** item of the Contact Person's information below that is different from Item 4, above.

Then check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)

- b ☐ Street Address, P.O. 1028 SW 128th St
Box, or Route Number _____
- City Seattle State WA Zip Code 98146 - - - -
- c ☐ Telephone Number (10 digits + ext.) (206) 244-4934 ext. _____
- d ☐ Fax Number (10 digits) (206) 244-4943
- e ☒ E-mail Address (50 characters max.) stbrndtt@qwest.net
- f Holiday/vacation/summer contact information: 206-870-8954

Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #: _____

Funding Request Number: _____

Minor modification requests can be filed **MANUALLY** only. Please see www.sl.universalservice.org for filing instructions.

Entity Number <u>115235</u> Contact Person <u>Lorie Whitaker</u>	Applicant's Form Identifier <u>Year 5 - 471</u> Phone Number <u>806-244-4934</u>
---------------------------------------------------------------------	-------------------------------------------------------------------------------------

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served 261 b Number of library patrons to be served N/A

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	12	12
b High-bandwidth voice/data/video service: How many buildings served before and after your order?	2	2
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	DSL/256k	DSL/256k
d Dial-up Internet connections: How many before and after your order?	0	0
e Dial-up Internet connections: Highest speed before and after your order?	—	—
f Direct connections to the Internet: How many before and after your order?	1	1
g Direct connections to the Internet: Highest speed before and after your order?	256k	256k
h Internet access (for schools): How many rooms have Internet access before and after your order?	18	18
i Internet access (for libraries): How many buildings have Internet access before and after your order?	2	2
j Internet access: How many computers (or other devices) with Internet access before and after your order?	34	34
k Other technology outcomes: (please specify):	—	—

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number <u>115235</u>	Applicant's Form Identifier <u>Year 5 - 471</u>	
Contact Person <u>Lorie Whitaker</u>	Phone Number <u>206 - 244 - 4934</u>	

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-

Page 1 of 1

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: NIA

School District Entity Number: WA

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
St. Bernadette School	115235	U	261	20	7.6%	40%	
Totals for calculating Weighted Average Discount			261				

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)

Attachment #1

Description of Service—AT&T Corp.
Entity #115235

AT&T Corp is the provider of our long distance telephone service. Please find attached to this description a bill from May 24, 2001 for our long distance telephone service.

If this is not enough information, please contact me at 206-244-4934.

Thank you,

A handwritten signature in cursive script that reads "Lorie Whitaker".

Lorie Whitaker
Technology Specialist
St. Bernadette School
1028 SW 128th Street
Seattle, WA
98146

Account Number	Bill Close Date	Payment Due
051 031 9225 001	5/24/01	6/24/01

**ST BERNADETTE SCHOOL**

REF # 206 244 4934

AT&T Business Service

For Billing Inquiries 1 800 847-3595
 To Place an Order 1 800 847-3595
 For Repair Service 1 800 222-3000

Total Current Charges	Account Status
LONG DISTANCE CHARGES DIRECT DIALED 4.86 MONTHLY MINIMUM CHRG 05/24 9.95 TOTAL LONG DISTANCE CHARGES \$14.81 TOTAL REGULATORY FEES 8.53 TAXES AND SURCHARGES 2.83 TOTAL CURRENT CHARGES \$26.17	PREVIOUS BALANCE 9.49 PAYMENT RECEIVED 05/16/01 9.49 TOTAL CURRENT CHARGES \$26.17 TOTAL AMOUNT DUE \$26.17

******IMPORTANT MESSAGES ABOUT YOUR ACCOUNT********Account Status**

AT&T applies a \$9.95 minimum charge to accounts when long distance usage falls below \$9.95. Based on your business needs, you may qualify for additional AT&T products and services that could result in avoiding this charge. For more information, please call 800 498-4311.

Please submit all telephone line or calling card additions, deletions or changes directly to AT&T, by calling the billing inquiry number on the first page of your bill.

Just For Your Business

Make your business unforgettable: Find out if your perfect toll free number is available with our exclusive online feature at: http://small.bus.att.com/small_business or call for assistance at 800 222-0400.

See next page for more news!

6312.8
Long Distance
M

PLEASE MAKE CHECK PAYABLE TO AT&T AND INCLUDE YOUR ACCOUNT NUMBER ON PAYMENT.
 MAKE SURE THAT THE AT&T P.O. BOX ADDRESS SHOWS THROUGH THE ENVELOPE WINDOW.

AT&T WILL NO LONGER REPLY TO COMMENTS ON THIS DOCUMENT. SUBMIT ALL CORRESPONDENCE TO www.att.com/customer-care

TO ENSURE PROPER CREDIT, PLEASE DETACH
 AND RETURN WITH REMITTANCE.

074098 1 AT .267 F19



ST BERNADETTE SCHOOL
 1028 SW 128TH ST
 SEATTLE, WA 98146-3126



Account Number: 051 031-9225 001
 Bill Close Date: 5/24/01
 Payment Due: 6/24/01

Total Amount Due: \$26.17

Amount Enclosed: \$

☐ Check here for name/
 address/telephone
 number corrections
 only See reverse side

AT&T
 P.O. BOX 78225
 PHOENIX, AZ 85062-8225

05103192250010620000000002617000000261700000000003

Contact Name Lorie Whitaker
 Contact Telephone Number 206-244-4934

Page 1 of 4 (Total Grid Pages)

Schools and Libraries Universal Service Program Form 471 Pre-Discount Cost Calculation Optional Grid

Please read instructions before completing

(To be completed by Schools, Libraries, or Consortia)

Block A: General Information	
1. Name of Applicant <u>St. Bernadette School</u>	2. Universal Service Control Number (from 470 Application)
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider <u>AT&T Corp.</u>	3b. Contract or Tariff Number (If Applicable -- from Item 15-16)
4. Shared Services: Telecommunications Services <input checked="" type="checkbox"/> Internal Connections <input type="checkbox"/> Internet Access <input type="checkbox"/>	Site Specific Services: Internal Connections <input type="checkbox"/> Dedicated Services <input type="checkbox"/>
5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16)	

Block B: Services Ordered Information													
6. Services & Products Ordered Details													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly	Estimated Eligible Pre-Discount Total Charges
0510219225- a. 001	Long Distance	1	-	-	\$14.81	\$11.36	12	\$34.04	100%	100%	-	\$34.04	\$34.04
b.													
c.													
d.													
e.													
f.													
g.													
7. Total													\$34.04

Attach this grid to your Form 471 application to support Block 5, Items 15 & 16 Columns 8-10 and Item 17.

Entity Number 115235
Contact Person Lorie Whitaker

Applicant's Form Identifier Year 5 - 471
Phone Number 206-244-4934

Block 5: Discount Funding Request(s)

Block 5, page 1 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections				15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u>						
12 Form 470 Application Number (15 digits) <u>781840000379564</u>				16 Billing Account Number (e.g., billed telephone number) <u>051-031-9225-001</u>						
13 SPIN - Service Provider Identification Number (9 digits) <u>143001192</u>				17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12/12/01</u>						
				18 Contract Award Date (mm/dd/yyyy) <u>N/A -</u>						
				19a Service Start Date (mm/dd/yyyy) <u>7/1/2002</u>						
				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>6/30/2002</u>						
14 Service Provider Name <u>AT&T Corp.</u>				20 Contract Expiration Date (mm/dd/yyyy) <u>N/A -</u>						
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>1</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>115235</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1 x J)
\$26.17	—	\$26.17	12	\$314.04	—	—	—	\$314.04	40%	\$125.62

Entity Number <u>115235</u>	Applicant's Form Identifier <u>Year 5-471</u>
Contact Person <u>Lorie Whitaker</u>	Phone Number <u>206-244-4934</u>

Block 5: Discount Funding Request(s)

Block 5, page 2 of 4

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

<p>11 Category of Service (only ONE category should be checked)</p> <p><input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections</p>	<p>15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u></p>																																												
<p>12 Form 470 Application Number (15 digits) <u>781840000379564</u></p>	<p>16 Billing Account Number (e.g., billed telephone number) <u>0024501796-7</u></p>																																												
<p>13 SPIN - Service Provider Identification Number (9 digits)</p> <p style="text-align: center;"><u>143006742</u></p>	<p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12/12/01</u></p>																																												
<p>14 Service Provider Name <u>Sprint PCS</u></p>	<p>18 Contract Award Date (mm/dd/yyyy) <u>N/A</u></p>																																												
<p>21 Description of This Service:</p> <p>You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.</p> <p>Attachment # <u>2</u></p>	<p>19a Service Start Date (mm/dd/yyyy) <u>7/1/2002</u></p>																																												
<p>22 Entity/Entities Receiving This Service:</p> <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>115235</u></p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____</p>	<p>19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>6/30/2003</u></p>																																												
<p>23 Calculations</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (1 x J)</td> </tr> <tr> <td><u>\$70.73</u></td> <td><u>—</u></td> <td><u>\$70.73</u></td> <td><u>12</u></td> <td><u>\$848.76</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>—</u></td> <td><u>\$848.76</u></td> <td><u>40%</u></td> <td><u>\$339.50</u></td> </tr> </tbody> </table>	Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1 x J)	<u>\$70.73</u>	<u>—</u>	<u>\$70.73</u>	<u>12</u>	<u>\$848.76</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>\$848.76</u>	<u>40%</u>	<u>\$339.50</u>	<p>20 Contract Expiration Date (mm/dd/yyyy) <u>N/A</u></p>
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1 x J)																																			
<u>\$70.73</u>	<u>—</u>	<u>\$70.73</u>	<u>12</u>	<u>\$848.76</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>\$848.76</u>	<u>40%</u>	<u>\$339.50</u>																																			

Contact Name Lore Whitaker
 Contact Telephone Number 206-244-4934

Page 2 of 4 (Total Grid Pages)

**Schools and Libraries Universal Service Program
 Form 471 Pre-Discount Cost Calculation Optional Grid**

Please read instructions before completing

(To be completed by Schools, Libraries, or Consortia)

Block A: General Information

1. Name of Applicant <u>St. Bernadette School</u>		2. Universal Service Control Number (from 470 Application)	
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider <u>Sprint PCS</u>		3b. Contract or Tariff Number (If Applicable -- from Item 15-16)	
4. Shared Services: Telecommunications Services <input checked="" type="checkbox"/> Internal Connections <input type="checkbox"/> Internet Access <input type="checkbox"/>		5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16)	
Site Specific Services: Internal Connections <input type="checkbox"/> Dedicated Services <input type="checkbox"/>			

Block B: Services Ordered Information

6. Services & Products Ordered Details

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly	Estimated Eligible Pre-Discount Total Charges
002-0170-7	Cellular Phone Service	1	—	—	\$ 62.19	\$ 0.54	12	\$ 848.76	100%	100%	—	\$ 848.76	\$ 848.76
b													
c													
d													
e													
f													
g													
7. Total													\$ 848.76

Attach this grid to your Form 471 application to support Block 5, Items 15 & 16 Columns 8-10 and Item 17.

Attachment #2

Description of Service—Sprint PCS
Entity #115235

Sprint PCS is the provider of our cellular telephone service. Please find attached to this description a bill from February 20, 2001 for our cellular telephone service.

If this is not enough information, please contact me at 206-244-4934.

Thank you,

A handwritten signature in black ink, appearing to read "Lorie Whitaker". The signature is fluid and cursive, with the first name "Lorie" and last name "Whitaker" clearly distinguishable.

Lorie Whitaker
Technology Specialist
St. Bernadette School
1028 SW 128th Street
Seattle, WA
98146



Customer	Account Number	Billing Period Ending	Invoice Date	Page
ST. BERNADETTE ELEMENTARY	0024501796-7	Feb. 20, 2001	Feb. 21, 2001	1 of 4



It Pays to Have Friends!
Refer a friend today and you'll both earn a \$10 service credit from Sprint PCS. There's nothing to mail and no forms to fill out, it's all done through a Sprint PCS Phone. Visit www.sprintpcs.com for details!



Manage Your Account Online!
Enjoy the ease of accessing your Sprint PCS account information on the Internet at www.sprintpcs.com. Check your account balance, minutes used and even change your rate plan!



Equipment Replacement is Available!
Choose the Equipment Replacement Program and your Sprint PCS Phone is covered for loss, theft, damage and extended warranty. To enroll, call lock/line at 1-800-584-3666.

Account Summary

Previous Balance	41.71
Payments	-41.71
Current Activity Charges	82.19
Taxes, Surcharges & Other Regulatory Related Charges	8.54
Total Amount Due by Mar. 19	\$70.73

*6312.80
cell phone
Jm*

Sprint Personal Communication Services®

For Automated Account Information Press *4 on your Sprint PCS Phone.
To Connect with Customer Care Press *2 on your Sprint PCS Phone or Dial 1-888-788-4727.

Retain For Your Records

Check Number	Date	Amount Paid
		\$

Detach and return this remittance form with your payment. Make check or money order payable to **Sprint PCS** in U.S. dollars. Do not send cash.

1003



Sprint PCS®

☐ Check box for change of address (see reverse)

#BWNGMZW ****AUTO**3-DIGIT 981
#0024501796 7#
00115856 1 AT 0.267 01 U4

ST. BERNADETTE ELEMENTARY
1028 SW 128TH ST
SEATTLE WA 98146-3126



Account Number: 0024501796-7

Amount Due by Mar. 19, 2001	Amount Enclosed
\$70.73	\$

SPRINT PCS
P O BOX 79125
CITY OF INDUSTRY CA 91716-9125

8 SEASEA26 00245017967 00000070737 6

Entity Number <u>115235</u>	Applicant's Form Identifier <u>Yea-5-49</u>
Contact Person <u>Lore Whitaker</u>	Phone Number <u>206-244-4934</u>

Block 5: Discount Funding Request(s)

Block 5, page 3 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) <u>MTM</u>
12 Form 470 Application Number (15 digits) <u>781840000379564</u>	16 Billing Account Number (e.g., billed telephone number) <u>206-244-4934 068-37</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143005231</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>N/A - 12/12/01</u>
14 Service Provider Name <u>Quest Telecommunications</u>	18 Contract Award Date (mm/dd/yyyy) <u>N/A -</u>
	19a Service Start Date (mm/dd/yyyy) <u>7/1/2002</u>
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>6/30/2003</u>
	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>3</u>
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>115235</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations					Recurring Charges			Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)			
\$280.33	—	\$280.33	12	\$3363.96	—	—	—	\$3363.96	40%	\$1345.58			

Contact Name Lorie WhitakerContact Telephone Number 206-244-4934Page 3 of 4 (Total Grid Pages)

**Schools and Libraries Universal Service Program
Form 471 Pre-Discount Cost Calculation Optional Grid**

Please read instructions before completing

(To be completed by Schools, Libraries, or Consortia)

Block A: General Information

1. Name of Applicant <u>St. Bernadette School</u>		2. Universal Service Control Number (from 470 Application)	
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider <u>Quest Telecommunications</u>		3b. Contract or Tariff Number (If Applicable -- from Item 15-16)	
4. Shared Services: Telecommunications Services <input checked="" type="checkbox"/> Internal Connections <input type="checkbox"/> Internet Access <input type="checkbox"/>		5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16)	
Site Specific Services: Internal Connections <input type="checkbox"/> Dedicated Services <input type="checkbox"/>			

Block B: Services Ordered Information**6. Services & Products Ordered Details**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly	Estimated Eligible Pre-Discount Total Charges
a <u>206-244-4934-068-37</u>	Telephone line	1	—	—	\$168.46	\$8.41	12	\$2122.44	100%	100%	—	\$2122.44	\$2122.44
b													
c <u>206-243-6010-041-46</u>	Telephone line	1	—	—	\$49.24	\$6.14	12	\$640.56	100%	100%	—	\$640.56	\$640.56
d													
e <u>206-243-6438-006-46</u>	Telephone Line	1	—	—	\$44.26	\$5.82	12	\$600.96	100%	100%	—	\$600.96	\$600.96
f													
7. Total					\$259.96	\$20.37							\$3363.96

Attach this grid to your Form 471 application to support Block 5, Items 15 & 16 Columns 8-10 and Item 17.

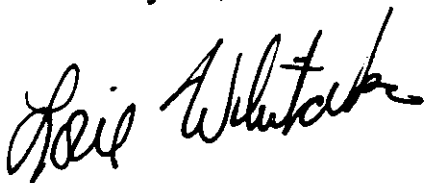
Attachment #3

Description of Service—Qwest Telecommunications
Entity #115235

Qwest Telecommunications is the provider of our local telephone service. We have 3 phone lines (206-244-4934, 206-243-6010, 206-243-6438). Please find attached to this description a bill for each phone line.

If this is not enough information, please contact me at 206-244-4934.

Thank you,

A handwritten signature in black ink, appearing to read "Lorie Whitaker". The signature is fluid and cursive, with the first name "Lorie" written in a larger, more prominent script than the last name "Whitaker".

Lorie Whitaker
Technology Specialist
St. Bernadette School
1028 SW 128th Street
Seattle, WA
98146

Page 3

* Owest Long Distance

Long Distance	Date	Time	Place	Number	Type	Minutes	Amount
1	Apr 05	4:39P	To TACOMA	WA 253 798 5876	DD	1.0	.16 SL
2	Apr 10	9:47A	To TACOMA	WA 253 468 8237	DD	4.5	.72 SL
3	Apr 26	2:04P	To TACOMA	WA 253 468 8237	DD	1.0	.16 SL
4	Apr 26	2:05P	To TACOMA	WA 253 468 8241	DD	1.1	.18 SL
						7.6	1.22
Calls Billed to 206-244-4943							
5	Apr 13	8:54A	To BREMERTON	WA 360 476 1080	DD	1.0	.16 SL
6	Apr 13	10:25A	To GIG HARBOR	WA 253 858 1597	DD	2.8	.45 SL
7	Apr 25	11:10A	To LACEY	WA 360 412 6190	DD	1.8	.29 SL
						5.6	.90

Save more by calling evenings and weekends.
Thank you for using Owest Local Long Distance.

Type of Call Codes:
DD - Day Dialed

Total Long Distance 13.2 \$2.12

Taxes, Fees and Surcharges Summary	Amount
State Sales at 6.5%	.14
Local Sales at 1.9%	.04
Special District Sales at 4%	.01

Total Taxes, Fees and Surcharges Summary \$.19

Total Owest Long Distance \$2.31

Owest New Charges \$87.33

For Your Information

Tax Symbol Explanation:
Explanation of tax symbols used throughout the bill
S - State Sales
L - Local Sales

You are responsible for the payment of all charges on your bill. Failure to pay these charges may result in collection action as well as termination of the unpaid service. Your basic telephone service will not be disconnected for non-payment of charges for: (1) the Owest services identified by an * above, (2) services of other Owest companies, or (3) services of other companies included in your bill. Owest packages of features and the amounts in the Account Summary may include both basic and charges that are not basic.

Page 4

Directory Advertising	▼ Directory Name	Description	Amount
	SEATTLE	From May 02, 2001 to Jun 02, 2001	72.90
	SEATTLE	Increase in charges at \$38.40 per month for 13 days from Apr 18, 2001 to May 02, 2001	15.64
Total Owest Dex Directory Advertising			\$89.54

The amount shown above is for directory advertising billed on behalf of Owest Dex. WUTC rules prohibit disconnection of local service solely for non-payment of directory advertising charges.

This portion of your bill is provided as a service to Owest Dex.



ST BERNADETTE SCHOOL
Bill Date: Dec 11, 2000
Account No: 208-243-6438 006-48

www.qwest.com

Forward	Change	Balance	Due Date
\$0.00	\$50.08	\$50.08	Dec 30, 2000

Account Summary

▼ Previous Balance
Charges 46.84
Payment Nov 29 Thank you for your payment 46.84
Balance Forward \$0.00

▼ New Charges
Qwest For questions, call: 50.08
Total New Charges \$50.08
1 800 662-0694

TOTAL AMOUNT DUE \$50.08

A late payment charge of 1.0% may apply if amount due does not reach us by Jan 11, 2001.

Now it's simpler than ever to do business with Qwest on your terms. Check out how easy it is to enter repair requests, order new service, review charges on your bill or get updates about new products and services at www.qwest.com/online.



For questions, call 1 800 662-0694

Page 2

Qwest Local Services

Monthly Charges	Charges from Dec 11 to Jan 11	Item Rate	Net Charge
▼ Services			
1	Customized Call Management	1.00	1.00 FSL
1	Services Speed Calling 30	26.89	26.89 FSL
1	Premium Flat Line		
1	Customized Call Management	5.00	5.00 SL
1	Services Package		
1	Federal Charge	.43	.43 FSL
1	Service Provider Number	.34	.34 FSL
1	Federal Universal Serv Fund	7.94	7.94 FSL
1	Federal Access Charge		
	Total Monthly Charges		\$41.00

Service Additions and Changes ▼ Aug 11, 2000 Rate Change Order
The following service was affected by a rate change:
Old Rate New Rate
1 Federal Access Charge 7.70 FSL 7.94 FSL
Charge Due to Rate Increase on \$ 24 from Aug 11 to Dec 11 .96
Total Service Additions and Changes \$0.96

Directory Assistance 2 Calls at \$.85 Amount 1.70
For your information: 208-243-6438 2 Directory Assistance Calls
Total Directory Assistance \$1.70

Time, Fees and Surcharges Summary
Federal Excise at 3% 1.18
State Sales at 6.5% 2.68
Local Sales at 1.7% .75
Special District Sales at 4% .18
State 911 at \$.20 per access line .20
Local 911 at \$.35 per access line .35
TPS Excise Funds Federal ADA Requirement at \$.15 per access line .15
Telephone Assistance Program at \$.13 per access line .13
Total Time, Fees and Surcharges Summary \$5.32
Total Qwest Local Services \$50.08

Qwest New Charges \$50.08

For Your Information

Deadline for adding or changing listings in the new telephone directory White Pages now going to press is Feb 01, 2001. For information on applicable charges for the above, call your Qwest Business Office weekdays, during business hours before Feb 01, 2001

#631280
243-6438

Entity Number <u>115235</u>	Applicant's Form Identifier <u>Year 5-471</u>
Contact Person <u>Lerie Whitaker</u>	Phone Number <u>206-244-4934</u>

Block 5: Discount Funding Request(s)

Block 5, page 4 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

<p>11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections</p>	<p>15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u></p>									
<p>12 Form 470 Application Number (15 digits) <u>781840000379564</u></p>	<p>16 Billing Account Number (e.g., billed telephone number) <u>206-244-0717 458-37</u></p>									
<p>13 SPIN - Service Provider Identification Number (9 digits) <u>143005231</u></p>	<p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12/12/01</u></p>									
	<p>18 Contract Award Date (mm/dd/yyyy) <u>N/A</u></p>									
	<p>19a Service Start Date (mm/dd/yyyy) <u>7/1/2002</u></p>									
	<p>19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>6/30/2003</u></p>									
<p>14 Service Provider Name <u>Quest Telecommunications</u></p>	<p>20 Contract Expiration Date (mm/dd/yyyy)</p>									
<p>21 Description of This Service: Attachment # <u>4</u></p>	<p>You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.</p>									
<p>22 Entity/Entities Receiving This Service:</p>	<p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>115235</u></p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____</p>									
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
\$155.17	—	\$155.17	12	\$1862.04	—	—	—	\$1862.04	40%	\$744.87

Contact Name Lorie Whitaker
 Contact Telephone Number 206-244-4934

Page 4 of 4 (Total Grid Pages)

**Schools and Libraries Universal Service Program
 Form 471 Pre-Discount Cost Calculation Optional Grid**

Please read instructions before completing

(To be completed by Schools, Libraries, or Consortia)

Block A: General Information	
1. Name of Applicant <u>St. Bernadette School</u>	2. Universal Service Control Number (from 470 Application)
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider <u>Quest Telecommunications</u>	3b. Contract or Tariff Number (If Applicable -- from Item 15-16)
4. Shared Services: Telecommunications Services <input type="checkbox"/> Internal Connections <input type="checkbox"/> Internet Access <input checked="" type="checkbox"/>	Site Specific Services: Internal Connections <input type="checkbox"/> Dedicated Services <input type="checkbox"/> 5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16)

Block B: Services Ordered Information													
6. Services & Products Ordered Details													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly	Estimated Eligible Pre-Discount Total Charges
<u>206-241-0774337</u>	<u>DSL Service</u>	<u>1</u>	<u>-</u>	<u>-</u>	<u>\$146.61</u>	<u>\$8.56</u>	<u>12</u>	<u>\$1862.04</u>	<u>100%</u>	<u>100%</u>	<u>-</u>	<u>\$1862.04</u>	<u>\$1862.04</u>
b													
c													
d													
e													
f													
g													
7. Total													<u>\$1862.04</u>

Attach this grid to your Form 471 application to support Block 5, Items 15 & 16 Columns 8-10 and Item 17.

Attachment #4

Description of Service—Qwest Telecommunications
Entity #115235

Qwest Telecommunications is the provider of our DSL Internet service. Please find attached to this description a bill from October 26, 2000 for our DSL Internet service.

If this is not enough information, please contact me at 206-244-4934.

Thank you,

A handwritten signature in black ink, appearing to read "Lorie Whitaker". The signature is fluid and cursive, with the first name "Lorie" being more prominent than the last name "Whitaker".

Lorie Whitaker
Technology Specialist
St. Bernadette School
1028 SW 128th Street
Seattle, WA
98146



ST BERNADETT'S SCHOOL
 Bill Date: Oct 26, 2000
 Account No: 206-241-0717 458-37

U S WEST is now Qwest

www.uswest.com

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
\$0.00	\$155.17	\$155.17	Nov 15, 2000

Account Summary

▼ Previous Balance		
Charges		150.49
Payments		150.49
Oct 10	37.67%	
Oct 10	112.82%	
	Thank you for your payments	
Balance Forward		\$0.00
▼ New Charges		
U S WEST		
Total New Charges		155.17
TOTAL AMOUNT DUE		\$155.17

A late payment charge of 1.0% may apply if amount due does not reach us by Nov 26, 2000.

The new Qwest offers you the same products and services you received from U S WEST along with exciting new offerings. Welcome to the new Qwest!

U S WEST, PO Box 12480, Seattle, WA 98111-4480
 Visit us 24 hours a day at www.uswest.com



U S WEST is now Qwest

For questions, call 1 800 603-6000

Page 2

U S WEST Local Services

Monthly Charges	Charges from Oct 26 to Nov 26	Item Rate	Net Charge
▼ Services			
1 Business Digital Subscriber Line		26.89	26.89 FSL
1 Magnitix Deluxe 3 Year Contract		29.95	29.95 FSL
1 Federal Charge Service Provider Number		.43	.43 FSL
1 Federal Access Charge		4.35	4.35 FSL
1 Federal Universal Serv Fund		.34	.34 FSL
* U S WEST.net Internet Services			79.95
1 T-Net DSL		5.99	
1 Internet Office Lan NMOSA		73.96	
An InterLATA transport fee, set by T-Net (a Global Service Provider) and not U S WEST, is included in the U S WEST.net Internet Services.			
Total Monthly Charges			\$141.91
Service Additions and Changes	▼ Jul 01, 2000 Rate Change Order		
	The following service was affected by a rate change.		
	1 Federal Universal Serv Fund	Old Rate .00 New Rate .34 FSL	
	Charge Due to Rate Increase on \$.34 from Jul 01 to Oct 26		1.30
Total Service Additions and Changes			\$1.30
Directory Assistance	4 Calls at \$.65		Amount 3.40
	For your information: 206-241-0717	4 Directory Assistance Calls	
Total Directory Assistance			\$3.40
Taxes, Fees and Surcharges Summary			Amount
	Federal Excise at 3%		2.00
	State Sales at 6.5%		4.33
	Local Sales at 1.7%		1.13
	Special District Sales at .4%		.27
	State 911 at \$.20 per access line		.20
	Local 911 at \$.35 per access line		.35
	TRIS Excise Funds Federal ADA Requirement at \$.15 per access line		.15
	Telephone Assistance Program at \$.13 per access line		.13
Total Taxes, Fees and Surcharges Summary			\$8.56
Total U S WEST Local Services			\$155.17

U S WEST New Charges

\$155.17

School
 114.10
 eft day
 41.07
 \$5517.80
 JH

Entity Number 15235 Applicant's Form Identifier Year 5-491
 Contact Person Lois Whitaker Phone Number 206-244-4934

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a ☒ an individual technology plan for using the services requested in this application; and/or
 - b ☐ higher-level technology plan(s) for using the services requested in this application; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☒ technology plan(s) has/have been approved; and/or
 - b ☐ technology plan(s) will be approved by a state or other authorized body; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person M. Marie Colaross 35 Date Nov. 30, 2001

36 Printed name of authorized person Marie Colaross

37 Title or position of authorized person Principal

38 Telephone number of authorized person: (206) 244-4934, ext. ----

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Entity Number <u>115235</u>	Applicant's Form Identifier <u>Y4C5-471</u>
Contact Person <u>Lanie Whitaker</u>	Phone Number <u>206-244-4934</u>

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**